## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 23, 2001 8:00 am Secretary of State OCUMENT # F99000001562 \ . Entity Name 05-23-2001 90510 001 \*4,650.00 South Dade Plaza Shopping CenterrCorp. rincipal Place of Business Mailing Address 701 Brickell Ave., Ste. 3000 701 Brickell Ave., Ste. 3000 Miami FL 33131 Miami, FL 33131 . Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0904541 Not Applicable Zìò Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Intrastate Registered Agent Corporation Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave., Ste. 3000 Miami, FL 33131 Zip Code FL -. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Addition ☐ Delete NAME NAME Allen C. de Olazarra STREET ADDRESS STREET ADDRESS 701 Brickell Ave., STe. 3000 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 TITLE Delete (Change ☐ Addition DVST NAME NAME Rodolfo Prio Touzet Rodolfo Prio Touzet STREET ADDRESS STREET ADDRESS 701 Brickell Ave.m, Ste. 3000 701 Brickell Ave., Ste. 3000 CITY-ST-ZIP CITY-ST-712 Miami, FL 33131 Miami, FL 33131 TITLE Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP City-St-7i2 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 3 A 25 A 89 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 13. CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered in mercober on purchasin

NAME

STREET ADDRESS

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SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #